

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535420

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6	1		1			
7						
8						
9						
10						
11						
12						
13						
14	1		1			
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20	1					
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49						
50						
TOTAL IND.		↓	23	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						